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PART B - FEE(S) TRANSMITTAL

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09/456,150 Application Number TRANSMITTAL December 7, 1999 Filing Date **FORM** Beezer First Named Inventor 2176 **Art Unit** Yuan **Examiner Name** (to be used for all correspondence after initial filing) Total Number of Pages in This Submission 5 003797.84615 Attorney Docket Number

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Fee Transmittal Form	☐ Drawing(s)		After Allowance Communication o TC							
Fee Attached	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences							
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Firm	Banner & Witcoff, Ltd.									
Signature	W.M. n. COD 51.393									
Printed Name	William J. Allen									
Date	October 13, 2005	Reg. No.	51,393							
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Art Unit

2176

Attorney Docket No. 003797.84615 METHOD OF PAYMENT (check all that apply) ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : -Deposit Account Name: Banner & Witcoff, LTD. Deposit Account Deposit Account Number: 19-0733 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Credit any overpayments Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity** Small Entity Small Entity Fees Paid (\$) Application Type Fee (\$) Fee(\$) Fee(\$) Fee(\$) Fee(\$) <u>Fne(\$)</u> Utility 300 150 500 250 200 100 200 130 Design 100 100 50 65 Plant 200 100 300 150 160 80 300 300 Reissue 150 500 250 600 200 100 Provisional 0 0 2. EXCESS CLAIM FEES Small Entity Fee Description Pee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 30 (including Reissues) 200 100 Multiple dependent claims 360 180 Total Claims Extra Claims Fee Paid (\$) Multiple Dependent Claims Fee(\$) -20 or HP= Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee Paid (\$) Fee(\$) - 3 or HP= HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee (\$) Total Sheets Extra Sheets Fee Paid (\$) - 100 = ___ *1* 50 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount)

SUBMITTED BY					
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Name (Print/Type)	William J. Allen-) erec	Oct ober 13, 2005

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